

09-24-03  
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#AF/1600

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/724,876	
	Filing Date	November 28, 2000	
	First Named Inventor	Bryan JULIEN	
	Art Unit	1652 ✓	
	Examiner Name	N. Nashed	
Total Number of Pages in This Submission	13	Attorney Docket Number	300622003110

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input checked="" type="checkbox"/> After Final (8 pages)  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Return receipt postcard
Remarks		

RECEIVED

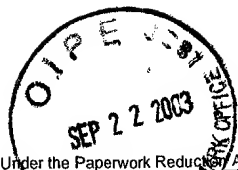
SEP 29 2003

TRIMMED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Randolph Ted Apple - 36,429
Signature	
Date	September 22, 2003

25226

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 333855969 US, in an envelope addressed to: MAIL STOP: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: September 22, 2003	Signature:  (Tamara Alcaraz)



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PTO/SS/17 (05-03)  
Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/724,876
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>215.00</b>		Filing Date	November 28, 2000
		First Named Inventor	Bryan JULIEN
		Examiner Name	N. Nashed
		Art Unit	1652
		Attorney Docket No.	300622003110

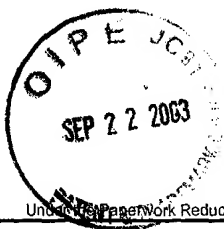
<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<b>3. ADDITIONAL FEES</b>	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number	03-1952		
Deposit Account Name	Morrison & Foerster LLP		
The Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

<b>FEE CALCULATION</b>																													
<b>1. BASIC FILING FEE</b>																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1001 750</td><td>2001 375</td></tr><tr><td>1002 330</td><td>2002 165</td></tr><tr><td>1003 520</td><td>2003 260</td></tr><tr><td>1004 750</td><td>2004 375</td></tr><tr><td>1005 160</td><td>2005 80</td></tr></tbody></table>	Large Entity	Small Entity	Fee Code	Fee Code	1001 750	2001 375	1002 330	2002 165	1003 520	2003 260	1004 750	2004 375	1005 160	2005 80	<table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Utility filing fee</td><td></td></tr><tr><td>Design filing fee</td><td></td></tr><tr><td>Plant filing fee</td><td></td></tr><tr><td>Reissue filing fee</td><td></td></tr><tr><td>Provisional filing fee</td><td></td></tr><tr><td><b>SUBTOTAL (1)</b></td><td><b>0.00</b></td></tr></tbody></table>	Fee Description	Fee Paid	Utility filing fee		Design filing fee		Plant filing fee		Reissue filing fee		Provisional filing fee		<b>SUBTOTAL (1)</b>	<b>0.00</b>
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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>																													
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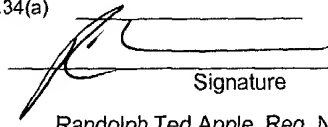
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\*\*or number previously paid, if greater; For Reissues, see above

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Randolph Ted Apple	Registration No. (Attorney/Agent)	36,429
Signature		Telephone	(650) 813-5933
		Date	September 22, 2003



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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 300622003110										
In re Application of Bryan JULIEN et al.												
Application Number 09/724,876	Filed November 28, 2000											
For: RECOMBINANT METHODS AND MATERIALS FOR PRODUCING EPOTHILONE AND EPOTHILONE DERIVATIVES												
Art Unit 1652	Examiner N. Nashed											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>03-1952</b>. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a)</p> <p>September 22, 2003 Date (650) 813-5933 Telephone Number</p> <p> Signature Randolph Ted Apple, Reg. No. 36,429 Typed or Printed Name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input checked="" type="checkbox"/> Total of 1 forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$											

09/26/2003 AWONDAF1 00000073 031952 09724876

02 FC:2251

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